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ı	P	ATEN	T APPL	ICATI	ON FEE	DETERMINA	TION	RECOR	information (	unless it di	splays a valid OM	B control number	
PATENT APPLICATION FEE DETERMINATION RECORD  Substitute for Form PTO-875										70	Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY										OF	OTH	ER THAN	
FOR NUMBER FILED					NUMBER EXTRA		RATE	1	٦.		LL ENTITY		
BASIC FEE (37 CFR 1.16(a))							7	INVIE	FEE	┥	RATE	FEE	
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ML	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))								<del> </del>	OR	× \$=	<del>  / _</del>	
• If	* If the difference in column 1 is less than zero, enter "0" in column 2.								<del></del>		+ \$=	5	
					D – PART		TOTAL	L	OR	TOTAL	890. W		
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41	1393			olumn 1) CLAIMS		n 2) (Column 3	3)	SMALL	ENTITY	OR	OTHE SMALL	R THAN ENTITY	
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AMENDMENT	(Column 1) (Column 2) (Column 3)												
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₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							< <b>\$</b> =		OR	× \$=		
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١	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									OR	× \$=		
TOTAL OR + \$ =													
* !	f the entry in co f the "Highest N	umn 1 is	s less than t	he entry i	n column 2, w	rite "0" in column 3	3.	DD'L FEE		OR	ADD'L FEE		
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0011	ection of info	unci Pie	viously Pak	u ror" (To	tal or Indeper	ident) is the higher	st numi	er found in th	0 oppropriet-			1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS